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U.S. CONGRESS. HOUSE. COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE. (HEARING ON H.R. 649)

PUBLIC HEALTH SERVICE (ORGANIZATION AND FUNCTIONS)

FEBRUARY 1943

COMMITTEE PRINT

PUBLIC HEALTH SERVICE

ORGANIZATION AND FUNCTIONS

HEARING

BEFORE A

SUBCOMMITTEE OF THE COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE HOUSE OF REPRESENTATIVES

SEVENTY-EIGHTH CONGRESS

FIRST SESSION

ON

H. R. 649

A BILL FOR THE ORGANIZATION AND FUNCTIONS OF THE PUBLIC HEALTH SERVICE

FEBRUARY 5, 1943

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PUBLIC HEALTH SERVICE—ORGANIZATION AND FUNCTIONS

FRIDAY, FEBRUARY 5, 1943

House of Representatives,
Subcommittee of the Committee on
Interstate and Foreign Commerce,
Washington, D. C.

(The subcommittee met, pursuant to notice, at 10 a. m., Hon. Alfred L. Bulwinkle, presiding, for consideration of H. R. 649, which is as follows:)

[H. R. 649, 78th Cong., 1st sess.]

A BILL For the organization and functions of the Public Health Service

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That hereafter the Public Health Service in the Federal Security Agency shall consist of the Office of the Surgeon General, the National Institute of Health, and two bureaus, to be known as the Bureau of Medical Services and the Bureau of State Services. The Surgeon General of the Public Health Service, under the supervision and direction of the Federal Security Administrator, is hereby authorized and directed to assign to the Office of the Surgeon General, to the National Institute of Health, and to the two bureaus, respectively, the several functions of the Public Health Service, and to establish within the Office of the Surgeon General, the National Institute of Health, and the two bureaus, respectively, such divisions, sections, and other units as may be required to perform their functions; and, under such supervision and direction, he may abolish existing divisions, sections, and other units, and, hereafter, may establish, transfer, and consolidate divisions, sections, and other units and reassign their functions for the efficiency of the Service.

Sec. 2. The Director of the National Institute of Health and the chiefs of each of the bureaus, established by section 1 of this Act, shall be commissioned medical officers detailed by the Surgeon General from the regular corps, and while so detailed shall be Assistant Surgeons General and shall have the same grade and shall receive the same pay and allowances as the Assistant to the Surgeon General.

Sec. 3. Medical officers below the grade of medical director may be detailed by the Surgeon General from the regular corps to serve as chiefs of divisions, and not more than six of such officers at one time while so detailed shall have the temporary grade and receive temporarily the pay and allowances of a medical director.

Sec. 4. In time of war or national emergency determined by the President, any commissioned officer of the regular corps of the Public Health Service may be appointed to higher temporary grade with the pay and allowances thereof without vacating his permanent appointment, and hereafter reserve officers of the Public Health Service may be distributed in the several grades without regard to the proportion which at any time obtains or has obtained among the commissioned medical officers of such Service.

Sec. 5. The record of each commissioned officer of the regular corps initially appointed above the grade of Assistant Surgeon, after the first 3 years of service in such grade, shall be reviewed under regulations approved by the President, and any such officer who is found to be unqualified for further service shall be separated from the Service and paid 6 months' pay and allowances.

SEC. 6. In case of the absence or disability of the Surgeon General and the Assistant to the Surgeon General, or in the event of a vacancy in the office of both, the Assistant Surgeons General shall act as Surgeon General in the order of their designation for such purpose by the Surgeon General.

SEC. 7. Original appointments in the commissioned corps of the Public Health Service may be made to a junior grade which shall correspond to that held by a second lieutenant in the Medical Department of the Army and persons so appointed shall be entitled to the same pay and allowances as a second lieutenant in the Medical Department of the Army. After not less than two years of service each such appointee may be examined under regulations prescribed by the President and upon such examination shall either be promoted to the grade of Assistant Surgeon or be separated from the Service.

SEC. 8. This Act may be cited as the "Public Health Service Act of 1943." For the purpose of any reorganization under section 1 of this Act the Federal Security Administrator, with the approval of the Director of the Bureau of the Budget, is hereby authorized to make such transfer of funds between appropriations as may be necessary for the continuance of transferred functions.

Mr. BULWINKLE. The committee will come to order. This subcommittee of the Committee on Interstate and Foreign Commerce has met to consider H. R. 649, a bill for the organization and functions of the Public Health Service. The letter received from the Administrator of the Federal Security Agency under date of January 27, 1943, will be included in the record at this point.

(The letter referred to is as follows:)

FEDERAL SECURITY AGENCY,
Washington, January 27, 1943.

HON. CLARENCE F. LEA,
Chairman, Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D. C.

MY DEAR MR. CHAIRMAN: This is in reply to your letter of January 8, 1943, asking for a report on H. R. 649, a bill for the organization and functions of the Public Health Service.

H. R. 649 is identical with H. R. 7616 introduced in the Seventy-seventh Congress and with a draft bill which I submitted to the President of the Senate and the Speaker of the House with an explanatory letter dated August 24, 1942, after advice from the Bureau of the Budget that there was no objection to the presentation of my proposal to the Congress.

At the present time the organizational structure of the Public Health Service is extremely cumbersome. The Surgeon General is responsible for personally overseeing seven administrative divisions and the National Institute of Health, the National Cancer Institute, St. Elizabeths Hospital, Freedman's Hospital, and the Office of the Chief Clerk. The legislation embodied in H. R. 649 was suggested because the Surgeon General and I are both convinced that a reorganization which would allow a proper distribution of authority and permit the elimination of overlapping functions and duplication of effort would greatly increase the efficiency of the Service. My letter of August 24, 1942, to the President of the Senate describes in more detail the handicaps under which the Service now operates and the organizational improvements we hope to accomplish if authorized to do so by the enactment of the suggested legislation.

The necessity for internal reorganization and for the personnel legislation which is also contained in H. R. 649 is intensified by the additional wartime responsibilities placed upon the Public Health Service. The personnel provisions which I have suggested are also discussed in detail in my letter of August 24, 1942, but I wish to call your particular attention to a problem which has greatly increased in importance since the time that letter was written. I then pointed out that as a result of the war the Public Health Service had been forced to call to active duty several hundred Reserve officers. Their number now has increased to approximately 1,000. Supervision of Reserve officers by experienced officers of the Regular corps is essential. It is obvious that the supervising officers should be in higher grades than those whom they must supervise. Temporary promotions of officers in the Regular corps will be necessary in some instances in order to raise their rank above the Reserve officers under their supervision but the Comptroller

General has ruled that there is no legislative authority for the temporary promotion of officers of the Regular corps.

Many commissioned officers of the Public Health Service are officially detailed to the Army, Navy, and Coast Guard, as well as to the War Shipping Administration. All of these services have strongly recommended the temporary promotion of Public Health Service officers to higher grades commensurate with the duties which they are actually performing and equivalent to the rank held by the regular commissioned officers of other services performing duties corresponding to those performed by officers of the Public Health Service. Only recently a communication was received from the Army authorities in India recommending the promotion of certain Public Health Service officers attached to the Army there, for the reason that they were unable to make the most effective use of these officers' services because of their present low grades.

Legislative authority for temporary promotions in the Public Health Service during the emergency is essential to the most effective utilization of its trained Regular officers now in the lower grades. Under present law the promotion rates for the Public Health Service are based on the peacetime rate of promotion for officers in the Medical Corps of the United States Army. It is impossible to promote an officer to the grade of surgeon (corresponding to the rank of major) until after 12 years of service. Promotions to other grades are correspondingly slow.

The joint resolution of October 27, 1918 (40 Stat. 1017), establishing a reserve for the Public Health Service requires officers commissioned in the Reserve to be distributed in the several grades in the same proportion as the distribution in grades of the Regular officers on that date. It is highly desirable that most of the officers brought into the Reserve of the Public Health Service should be placed in the lower grades until they qualify for the responsibilities of the higher grades. The joint resolution prevents the commissioning of Reserve officers in the two lowest grades for training in the numbers required by efficient administration. If this requirement is adhered to, it is estimated that an increase of $423,000 will be needed for the payment of salaries of the Reserve officers now on duty without a corresponding increase in usefulness to the Government.

Section 4 of H. R. 649 is addressed to both problems. It would authorize the appointment of commissioned officers to higher temporary grade in time of war or national emergency. This provision is similar to the present Army provision contained in the Second Supplemental National Defense Appropriations Act, 1941, Public Law 781, Seventy-sixth Congress. This section would also permit the distribution in grades of Reserve officers and so make possible the commissioning of more Reserve officers in the lower grades.

I should like to call your attention to an inadvertance in the drafting of section 3 of this proposal which should be corrected by the deletion of the word "medical" before the word "officers" in line 17 of page 2 and the insertion in place thereof of the word "commissioned." The purpose of this section is not to limit existing authority but to permit the detail of officers below the grade of medical director to serve as chiefs of the divisions which are authorized to be established by section 1. It would limit to six the number of officers below that grade who could be detailed to serve as the chief of a division. As it presently reads, this permission would apply only to medical officers. The change I ask you to make is necessary because it may become desirable to assign an engineering, dental, or pharmacist officer as a chief of a division having functions which can only be appropriately supervised by an officer with such special qualifications.

The passage of this legislation if of urgent importance to the Public Health Service. The authority to simplify its administrative organization, to appoint regular officers to higher temporary grades during the emergency, and to disregard the distribution in grades of commissioned officers of the regular corps in making appointments to the Reserve will greatly assist the service in the discharge of its wartime responsibilities. I hope your committee will give this proposal its favorable consideration.

A similar report on S. 400 (the companion bill to H. R. 649) has been made to the Senate Committee on Education and Labor.

The Bureau of the Budget advises that there is no objection to the submission of this report to your committee.

Sincerely yours,

Paul V. McNutt, *Administrator.*

Mr. BULWINKLE. Our first witness is Surgeon General Parran, of the United States Public Health Service. You may proceed, General.

STATEMENT OF THOMAS PARRAN, SURGEON GENERAL, UNITED STATES PUBLIC HEALTH SERVICE, WASHINGTON, D. C.

Surgeon General PARRAN. Mr. Chairman, the Public Health Service has had imposed upon it some very important war duties. The passage of H. R. 649 is urgently necessary in order to enable the Public Health Service to discharge these duties efficiently. As all of us know, in this total war the maintenance of the health of the civilian population and the maintenance of manpower on the production line is very important.

The pending legislation has two major purposes: First, it provides for the internal reorganization of the Public Health Service in the interest of more simple administration; it tends to streamline the organization of the Service; second, it authorizes temporary promotions to higher grades of regular officers during wartime.

Before describing the needs for each of these provisions, may I give you a brief description of our present set-up and duties. The Public Health Service is one of the 5 commissioned corps in the Government, the others being the Army, the Navy, the Coast Guard, and the Coast and Geodetic Survey. Its officers are appointed by the President by and with the advice and consent of the Senate. With a total personnel of some 14,000, less than 600 of them are regular commissioned officers. Those officers are composed of medical, dental, and sanitary engineer officers. This relatively small group is the heart and center of our organization. It is a mobile, highly trained, disciplined, and carefully picked group. The pay, allowances, and rates of promotion are on the same basis as officers of the Medical Corps of the Army. This is under the provisions of the General Service Pay Act of 1922, and the so-called Parker Act of 1930.

The rates of promotion under the last-named law are identical with those of the Army Medical Corps in peacetime.

The Public Health Service has grown steadily during the years. Ten years ago, for example, our total appropriations approximated $11,000,000; 5 years ago our total appropriations were $22,000,000, and now our appropriations are close to $60,000,000, and this represents additional duties imposed by Congress through successive acts.

Mr. BULWINKLE. Dr. Parran, for the benefit of the record, may I ask you to insert in the record at this place a break-down of the appropriations? I think the members of the committee would like to have it.

Surgeon General PARRAN. Appropriations as to services?

Mr. BULWINKLE. Yes.

Surgeon General PARRAN. For the several purposes for which the appropriations were made?

Mr. BULWINKLE. Yes.

Surgeon General PARRAN. I shall be glad to do that, Mr. Chairman.

Mr. BULWINKLE. Unless some member of the committee wishes to know it now.

(The statements on Public Health Service appropriations above referred to is as follows:)

Public Health Service appropriations

Fiscal year:		Fiscal year:	
1933	$11, 021, 413	1939	[2] $24, 783, 550
1934	10, 386, 328	1940	[3] 29, 094, 320
1935	9, 969, 164	1941	[4] 33, 379, 340
1936	11, 303, 567	1942	[5] 42, 476, 939
1937	[1] 20, 151, 075	1943	[6] 52, 366, 245
1938	21, 146, 980	1944	[7] 55, 638, 000

[1] Includes $8,000,000 for grants.
[2] Includes $3,000,000 for venereal diseases.
[3] Includes $9,500,000 for grants, $5 000,000 for venereal diseases.
[4] Includes $11,000,00 grants, $6,200,000 for venereal diseases.
[5] Includes $3,200,000 nurses training, $4,470,000 for emergency health and sanitation activities, $8,750,000 for venereal diseases.
[6] Includes $8,984,000 emergency health and sanitation activities, $12,500,000, venereal diseases.
[7] 1944 Budget, not yet appropriated.

(Further break-down of the appropriation is shown as follows:)

Public Health Service

[Appropriations by fiscal year]

Appropriation	1939	1940	1941	1942	1943
Salaries, Office of Surgeon General	$316, 000	$323, 340	$285, 400	$290, 105	$423, 350
Pay, etc., commissioned officers	1, 928, 000	1, 959, 800	2, 082, 640	2, 113, 800	2, 362, 590
Pay of Acting Assistant Surgeons	325, 000	320, 000	323, 300	323, 300	
Pay of other employees	990, 350	1, 000, 000	1, 021, 500	1, 020, 493	
Freight, transportation, etc	25, 450	25, 000			
Maintenance, National Institute of Health	115, 000	137, 000	141, 000	135, 000	
Pay of personnel and maintenance of hospitals	6, 400, 000	6, 719, 000	7, 362, 000	7, 937, 400	7, 993, 950
Quarantine service	281, 250	287, 980	280, 000	240, 000	1, 224, 250
Preventing spread of epidemic disease	280, 000	305, 000	380, 700	380, 000	198, 780
Interstate Quarantine Service	36, 500	36, 500	35, 800	27, 300	26, 300
Control of biologic products	55, 000	53, 000	52, 500	47, 800	
Expenses:					
Division of Venereal Diseases	3, 080, 000	5, 000, 000	6, 200, 000	8, 750, 000	12, 500, 000
Division of Mental Hygiene	950, 000	1, 217, 700	1, 438, 500	1, 478, 000	1, 250, 800
Educational exhibits	1, 000				
Diseases and sanitation investigations	1, 600, 000	1, 640, 000	1, 625, 000	1, 745, 741	1, 419, 680
Maintenance, National Cancer Institute	400, 000	570, 000	570, 000	565, 000	534, 870
Miscellaneous and contingent expenses			56, 000	103, 000	154, 275
Emergency health and sanitation activities			525, 000	4, 470, 000	8, 984, 000
Training for nurses, national defense				1, 800, 000	3, 500, 000
Salaries and expenses:					
National defense				50, 000	50, 000
National Institute of Health					743, 400
Grants to States, Social Security Act	8, 000, 000	9, 500, 000	11, 000, 000	11, 000, 000	11, 000, 000
Total	24, 783, 550	29, 094, 320	33, 379, 340	42, 476, 939	52, 366, 245

Surgeon General PARRAN. The important wartime duties of the Public Health Service are numerous. First let me mention the medical service furnished to the Coast Guard. The Public Health Service furnishes medical care for the entire personnel of the Coast Guard in the same way that the Navy Medical Corps provides medical care for the personnel of the Navy.

We also are providing medical service for the War Shipping Administration. As Admiral Waesche probably will tell you later, the Coast Guard has increased tremendously in size, and, consequently, our responsibilities for medical service to it have increased proportionately.

As you know, the War Shipping Administration is engaged in a very large program of training both officers and seamen, and the

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Public Health Service, at the request of that organization, is supplying complete medical service for it.

We have a number of medical officers assigned for duty with the United States Army at the request of the Secretary of War. More than 2 years ago, we were asked to assign a liaison officer to each of the service commands, then called corps areas, and in each of these we have a senior medical officer who acts as contact man between the Medical Department of the Army and the several State and local health departments with which they have relationships.

One group of officers is now on duty in India. In 1941 we assigned 15 experts as an epidemic control mission, or malaria control mission, at the request of the Chinese Government. Their duties had to do with the control of malaria and sanitation along the route of the Burma railway. When the Japanese overran Burma our commission was evacuated with the Army, and since then they have been assigned as a part of the staff of the commanding general in India.

At the outbreak of the war we had six medical officers on duty in the Philippine Islands. The commanding general there asked immediately that they be transferred to the Army to become a part of the Medical Corps of the Army. Five of those six men are missing or prisoners, we do not know which. One of them, an aide to General MacArthur, is with him in Australia.

Recently the Secretary of War asked for the assignment of one or more Public Health Service officers as members of a typhus control commission. One officer is now in the Near East as a member of that commission. The Army has also asked for the assignment of several medical officers to the School for Military Government in Charlottesville; four men are now in training at Charlottesville in problems of military government, and additional officers will be assigned to the succeeding courses.

We have medical officers on duty in Panama with the Army in connection with venereal-disease control, and other health problems, and more recently we have had a request for additional officers to serve with the Army in Trinidad.

A group of our medical and engineer officers are giving medical care to the men and supervising sanitary work on the Alaska Highway.

The Ordnance Department of the Army has requested the services of industrial hygiene experts for service with the Ordnance Safety Branch, and a medical officer and an engineer are on duty with the new safety branch.

Recently request has been received from General Eisenhower and Mr. Murphy in north Africa for the assignment of three medical officers to supervise epidemic control and other health problems in north Africa.

Moreover, there has been created recently, as you may know, the Office for Foreign Relief and Rehabilitation under Governor Lehman. He has requested the Public Health Service to undertake the recruitment and training of the medical and sanitary personnel which will be needed in connection with the work of that office.

In addition to these direct assignments with the Army, many other experts of the Public Health Service are doing work which is primarily related to the war. We have had the primary responsibility for the control of malaria in all areas adjacent to naval and military

establishments. That has involved the orgnization of a very considerable group of doctors and engineers and entomologists and other personnel for those purposes.

General health conditions around every Army and Navy installation are also a responsibility of the Public Health Service. The control of epidemics and the maintenance of sanitary conditions in these extra cantonment and war industrial areas, not only in this country but in the outlying bases, also fall upon the Public Health Service.

Our cooperative work with the Pan American Sanitary Bureau has grown in amount and complexity. A number of our officers are assigned to this duty in different parts of South and Central America in connection with the prevention of the spread of disease from one country to another and to this country. That work is assuming increasing importance because of the presence of our military forces in certain of these areas and elsewhere in the Americas.

More recently we have assigned a group of medical and engineer officers to supervise sanitary conditions along the Pan American Highway, which may become of great military importance in connection with the movement of troops.

The problem of typhus control is one which is growing in importance. As you may know, following the last war, more people died of typhus fever and of other diseases and of starvation after the war than were killed in the war itself. We anticipate that situation will be worse at the conclusion of this war with starvation widespread in many lands, with the probable destruction of hospitals and other medical facilities, and the complete disorganization of civil governments. Altogether that will create a tremendous problem of typhus control. We have been carrying out research in connection with this disease for a number of years, and have intensified our efforts in that direction. In fact one of our officers, Dr. Cox, has developed a vaccine which we believe to be the most effective vaccine for the prevention of typhus fever of any so far discovered.

For a number of years we have been concerned with the problem of yellow fever. This problem has grown more acute as a result of the war with the coming and going of planes from unpredictable origins in west Africa and certain areas in South America where the disease is both endemic and epidemic. Vaccine has been produced for this disease. We have been manufacturing large quantities of it at the direct request of the War Department, and at the present time we are supplying all of the needs of the Army for yellow fever vaccine to immunize the troops.

With the tremendous growth in industry there has been a correspondingly increased need for looking after the health of the workers in the shipyards and in the munitions plants. For many years we have carried out studies of industrial hygiene, and these studies have been expanded and field staffs have been organized. Intensive programs have been organized to insure the health of the industrial workers.

The problem of venereal-disease control naturally looms large in time of war. It is very fortunate, Mr. Chairman, that under the provisions of a law which you sponsored and which was passed in 1938 we have had set up an organization which, so far, has prevented any considerable increase in venereal diseases. These diseases and war go hand in hand.

Recent reports from Great Britain show a considerable increase in veneral disease. Testimony recently given by the Minister of Health in the House of Commons is to the effect that veneral diseases have increased by 70 percent in Great Britain since the onset of the war. With the full cooperation of the military authorities and of State and local health organizations we are trying to hold these diseases in check, and so far we believe with success.

We have been called on more and more by the military authorities for other work, research work in connection with malaria, especially in an effort to find a preventive for malaria, which has occupied much of our time. The nature of these studies is such that, for military reasons, I cannot give you the details.

Moreover, a large part of the work of one of our divisions at the National Institute of Health is engaged in the problem of aviation medicine, studying the many intricate problems involved in combat and other flying. Again, the nature of these studies is such that, for military reasons, I cannot give the details. Suffice it to say that these studies are considered by our military authorities to be of urgent importance.

For the past 2 years we have attempted to increase the supply of nurses in the country, and have been administering an appropriation of $3,200,000 to increase the number of nurses now being trained in an effort to meet the shortage on that front. As one result, 10,000 additional nurses are now in training.

Other agencies of the Government have called on the Public Health Service for aid. We have recruited and assigned medical, nursing, and engineering personnel which staffs the Emergency Medical Service of the Office of Civilian Defense. In addition to a chief medical officer, who is here today, and a staff in Washington, medical and engineer officers are on duty in all of the service commands and in a number of the coastal States. A part of this work had involved the organization of emergency base hospitals which are available for the use of civilians in the event of enemy action or other severe catastrophe.

As another preparation against enemy attack Congress has appropriated funds with which the Public Health Service has been organizing blood plasma banks in the several hospitals of the country, especially in the coastal hospitals. Those blood banks daily are saving lives, as this precious material is used on ordinary civilian casualties, and in the case of the disaster in Boston a few months ago the availability of blood plasma there which we had provided undoubtedly saved many lives.

Other activities of the Service have to do with recommending the public health need for projects under the Lanham Act which provides community facilities in the war areas. These projects include hospitals, water supplies, health centers, sewers, etc.

Moreover, we are advising the War Production Board as to the public health need for local hospital supplies in order that they may give the proper priority to requests. At the request of the Federal Public Housing Authority we are providing nurses and doctors for infirmaries in the Federal housing projects and dormitory projects in the war areas.

A very large problem that has developed recently is that of medical care in certain of the boom war industry areas which have grown

rapidly, almost overnight, some of them from small villages into cities of considerable size. In many of these areas there is an urgent shortage of doctors, dentists, and hospital beds. If it is not possible to meet the needs for medical care through local and State resources the Public Health Service is called upon to meet them.

This, Mr. Chairman, summarizes some of the more important wartime activities of the Public Health Service. The provisions of the bill which is before you, as I said at the outset, have two major purposes. Section 1 authorizes the internal reorganization of the Public Health Service, and with your permission, Mr. Chairman, I should like to discuss briefly the reasons for that provision.

Mr. BULWINKLE. We shall be very glad to have you do so.

Surgeon General PARRAN. During the years through a succession of laws, the Public Health Service has grown up like Topsy. Some acts of the Congress have established separate divisions in the Public Health Service, and other divisions were created administratively and then later ratified by appropriation or other acts. Some of these acts spell out in detail the functions of the divisions and others do not.

Mr. BROWN. I am going to have to leave here in a few minutes to attend another meeting, Doctor, and I wonder if I could interrupt you to ask one question?

Surgeon General PARRAN. Certainly, sir.

Mr. BROWN. I have been reading this bill, and I have a lot of faith in the author of it. My question is simply this: Does this bill put the United States Public Health Service under the military in such a way that it becomes a military organization?

Surgeon General PARRAN. No, sir; it does not change the administrative control of the Public Health Service.

Mr. BROWN. It simply gives you the opportunity to use all of the military aid you may need during this emergency, is that it, and then in peacetime it becomes more of a peace organization, a civil organization?

Surgeon General PARRAN. It simply does that. Its major terms provide only for the streamlining of the administrative organization, under section 1, and it provides in section 4 that officers of the regular corps may be appointed to a higher temporary grade in time of war.

The Public Health Service under the act of 1922 is placed on the same pay basis as the Army, the Navy, and the Coast Guard; and under the act of 1930, the so-called Parker Act, the rate of promotion of its officers was geared to the peacetime rate of promotion of the Army. In 1941 the Army obtained authority to grant temporary promotions during wartime. We assumed that act applied to the Public Health Service, but the Comptroller General said it did not. As a result of that a very urgent situation has been created.

Mr. BROWN. This makes it more possible for your department to cooperate with the military authorities in time of war, and yet does not make it a military organization, strictly speaking, in peacetime, is that correct?

Surgeon General PARRAN. That is correct.

Mr. BROWN. That is the information I was after.

Surgeon General PARRAN. Yes, sir; that is correct.

Mr. BROWN. Thank you very much, Doctor.

Surgeon General PARRAN. You are very welcome, sir.

As the result of a succession of legislative acts the Public Health Service now has a large number of divisions of various sizes, in addition to St. Elizabeths Hospital and Freedmen's Hospital. As a result an increasing number of problems which should be settled at a lower level necessarily come to the Surgeon General for decision. For example, we have a group of 26 marine hospitals. We have two large institutions under the Division of Mental Hygiene. We have St. Elizabeths Hospital and Freedmen's Hospital operated under three different divisions, and all of them have to do with operating hospitals and medical-care problems. It would seem reasonable to put them under a Bureau of Medical Services.

Similarly, through our Division of State Relationships, our Division of Venereal Diseases, and our Division of Industrial Hygiene cooperation is extended to the States. It would seem desirable to put the State relationships and activities of these divisions under a Bureau of Health Service, which would be a States Relations Bureau.

The National Institute of Health is our central research organization, and administratively there is included under it the National Cancer Institute. That part of the organization would be left as it is.

In discussing the second major purpose, Mr. Chairman, section 4, the provisions of it may seem very simple, but I should like to emphasize the tremendous importance from the standpoint of administration and morale that is involved.

Mr. BULWINKLE. I might say, General Parran, as to those sections I want you to particularly take them up, because I feel I probably may have done an injustice to the dentists and the sanitary engineers in this bill.

Surgeon General PARRAN. Yes, sir. In the letter from the Administrator, you will note that he has asked that in section 3 the term "medical" officers be changed to read "commissioned" officers. It is an inadvertence that the term "medical" appeared in there, which would exclude dentists and sanitary engineers from being assigned as chiefs of divisions. It is recommended that the word "medical", the first word in section 3, be changed to "commissioned", which would include dentists and engineers. These corps are contributing mightily to the success of the Public Health Service, and when I refer in my discussion to the problems of medical care I include also dental care, and when I mention health activities I include in that also the very important sanitary engineering activities which are being carried on by our officers.

Mr. TIBBOTT. Do I understand that you want to include dentists in this Bureau?

Surgeon General PARRAN. Dentists now are commissioned and are promoted on a parity with the medical officers of the Public Health Service. So, that part of it is taken care of. We should expect also to give dentists temporary higher grades on the same basis on a parity with medical officers, and the same applies for sanitary engineers.

Mr. TIBBOTT. It is your thought, then, not to have a separate dental bureau?

Surgeon General PARRAN. The bill contemplates only two bureaus, and I would not favor the creation of a dental bureau. On the other hand, I think it very likely, and in fact it is contemplated, that both for dentistry and sanitary engineering separate divisions would be created.

Mr. TIBBOTT. Then, as I understand it, it is your thought that the dentists would be included with the physicians?

Surgeon General PARRAN. That is right. In section 3 if you will read the language there as I propose it to be modified it is:

Commissioned officers below the grade of medical director may be detailed by the Surgeon General from the Regular Corps to serve as chiefs of divisions.

Section 1 authorizes the creation of divisions. In regard to this problem of temporary grades, Mr. Chairman, the Public Health Service, and I say this with due modesty, has an organization of sanitarians, a sanitary corps that is not duplicated in any other country in the world. The very heart and center of that corps is the group of regular commissioned officers. During the past 10 years, especially during the depression years, we were able to pick the very best of the medical graduates from the best of the medical schools of this country. We have given them special training in one or another field of health administration or research. Those men, some of them with 10 or 11 years of service with us, following a medical course and also some post-graduate work, are still down in a grade corresponding to that of captain in the Army. Their classmates in the Army or the Navy are in the grade of major, lieutenant colonel, or higher. It is upon this group of young men who are in the lower grades that we need to depend for directing many of the major new war services which have been imposed upon us. The cost of the temporary promotions is not great. As a matter of fact, there is a counterbalancing saving under the provisions of section 4 which will more than make up for the cost of the pay of those men in the higher grades. This saving comes about because of the fact that under the Reserve Act of 1918, the act of October 18, 1918, it was provided by the Congress that Reserve officers should be distributed in the several grades in the same proportion as now obtains among the regular officers of the Public Health Service.

That provision, perhaps, was put in as a restrictive provision. As a matter of fact, it has been too liberal, because as we go out to recruit Reserve officers we find that it is possible to get the largest proportion of them among the young physicians who have not yet placed themselves. As a result if we were to adhere strictly to that provision of law the cost would be more than half a million dollars, and that amount is greater than the cost of providing the temporary higher grades to which I have referred.

Mr. BULWINKLE. What is the cost of that under this bill?

Surgeon General PARRAN. I have it right here, Mr. Chairman. This estimate was made in December. It is based on the number of officers affected at that time. The total cost was $173,826, and the saving as a result of not promoting the Reserves to the ancient ratio of 1918 would be $423,000. So, you can see that there would be a considerable saving if the provisions of section 4 of this bill were enacted into law.

Emphasizing the further need for this authority to increase the grades of certain of our officers, we have a special request from the commanding general in India commending the services of a number of our officers who are there in the grades of first lieutenant and captain, and saying that he wishes to use them in positions of greater responsibility and urging that they be given an increase in grade in order to utilize their services in larger tasks.

As a result of gallant action on the part of some of our men in the Philippines the commanding general recommended promotions for them which we were unable to provide.

There is a certain consideration, Mr. Chairman, which I hope will impress this committee. I have said that we have a fine group of officers in the Public Health Service, an organization that is not duplicated anywhere else in the world, but an organization, after all, is made up of people, and the effectiveness of any unit depends upon its morale, and sometimes the morale of a unit depends upon some very little thing. In this case these men feel that they have been discriminated against. They see medical officers, dental officers, and engineer officers in the other corps, men who were their classmates in school, move ahead of them by several grades. We do not expect or need to make promotions as rapidly as has been done in the Army, for example, because our ratio of increase is not so great as theirs. On the other hand, some recognition of the wartime service of our officers would have a tremendous effect that cannot be measured in dollars and cents—an effect on the morale and spirit of these men who have been doing so much for the health of the people of this country and the armed forces.

I should point out that the casualties among the officers of the Public Health Service on the last count were between 1 and 2 percent. At the outset of the war we had a higher proportion of our men on overseas duty than did the Army. Much of our work is hazardous. We have had a number of very unfortunate casualties about which there will be testimony later.

I would strongly urge, Mr. Chairman, favorable consideration of the provisions of this bill. If you wish, I should be glad to discuss the provisions of the other sections, the reasons for which, however, are set forth in the original letter from the Administrator of the Federal Security Agency.

Mr. Bulwinkle. I want to ask you a few questions, Doctor, and I know the committee will want to ask you some questions also. The House convenes at 11 o'clock this morning, but I think we could go on until a quorum call sounds, which will be probably about 11:20 or 11:30.

In section 3 it states, "Medical officers below the grade of medical director may be detailed by the Surgeon General from the regular corps to serve as chiefs of divisions." Should that not be changed to "commissioned" officers?

Surgeon General Parran. It should be by all means.

Mr. Bulwinkle. That is in line 17, section 3, page 2. Then they are to receive the temporary pay and allowances of a director or a medical director?

Surgeon General Parran. The term "medical director" applies to a grade that corresponds to the grade of colonel, and to say that he receives the pay and allowances of the grade of medical director I think is the most exact way of stating it, Mr. Chairman; that is, a sanitary engineering director and a dental director receive the same pay and allowances as a medical director.

Mr. Bulwinkle. I do not want to do any injustice in that. In line 6, on page 2 it states, "commissioned medical officers of such service." Should that not be, "commissioned" officers?

Surgeon General PARRAN. That refers to the Reserve Act of 1918, which I previously discussed, and in the Reserve Act it is provided that the Reserve officers shall be distributed "in the same grades and in the same proportion as now obtains among commissioned medical officers of the Public Health Service."

In other words, it is intended to repeal the requirement that we should have at all times exactly the ratio grade by grade among our Reserve officers as obtained on October 27, 1918.

Mr. BULWINKLE. Are there any other questions, gentlemen?

Mr. PRIEST. Mr. Chairman, I would like to ask the general one question, and that is what material changes, if any, might be contemplated as a result of this bill with reference to the relationship between the Public Health Service and the services in the various States. This bill sets up a Bureau of State Services. Are there any material changes insofar as that program is concerned, that closely coordinated cooperative program between the Public Health Service and the States, contemplated in this bill?

Surgeon General PARRAN. No, except giving us greater administrative efficiency, with more identical approaches and more unification of field staffs and duties and such other administrative improvements, but it would not change our very effective working relations with the States.

Mr. PRIEST. That is fine. Thank you, General. I think that service has been most valuable, certainly during this wartime with all of the epidemics and venereal diseases. I would not want anything to happen that in any way would affect adversely that fine cooperative effort.

Mr. MYERS. General, I understood you to say that there is a senior medical officer of the Public Health Service in each of the service command areas.

Surgeon General PARRAN. Yes.

Mr. MYERS. Would you just briefly explain his duties with regard to each service command?

Surgeon General PARRAN. Yes. I can explain best if I may put a copy of his letter in the record. (See attached.) In effect, the Army said that they were not accustomed to dealing with State and local health authorities. Around each camp there may be two State and a dozen different local authorities. The Army wished the Public Health Service to insure safe health and sanitary conditions in these areas. For example, when cases of meningitis or other epidemic diseases occur, the Public Health Service secures the information for the Army. We act as its agent in dealing with the State and local people on the one hand, and in getting them to do the things necessary for protection of the health of the military population; and on the other hand, we keep the military chief surgeon and the commanding officer informed of the presence of epidemic and other diseases in the civilian population.

WAR DEPARTMENT,
THE ADJUTANT GENERAL'S OFFICE,
Washington, October 28, 1940.

Subject: Public Health Service Liaison Officers, Corps Area Headquarters.
To: Commanding Generals of all Corps Areas.

1. The valuable assistance afforded by the United States Public Health Service during the maneuvers of the past summer renders it desirable to continue this

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cooperation during the present emergency. The United States Public Health Service has agreed to continue this cooperation, using its own resources in association with State health services in safeguarding the health of military personnel by suitable measures of extra-military sanitation and extra-cantonment sanitation.

2. The Surgeon General of the Public Health Service has indicated that he will, as soon as practicable, detail an officer to each corps area headquarters in order to coordinate the activities of the Public Health Service with the military requirement. Upon the arrival of these officers, corps area commanders will provide them with suitable office space and office equipment in corps area headquarters.

3. Corps area commanders are enjoined to cooperate with the Public Health Service and its representatives to the fullest extent.

By order of the Secretary of War:

(Signed) E. S. ADAMS,
Major General,
The Adjutant General.

Mr. MYERS. I understood you to testify that among your many functions in this emergency is the establishment of emergency relief hospitals for civilian defense to take care of those who may be injured in air raids. How are those handled?

Surgeon General PARRAN. Administratively they are under the Office of Civilian Defense, but medical officers to man the base hospitals are commissioned in the Reserve of the Public Health Service. The chief medical officer of the Office of Civilian Defense is here, and I am sure he hopes to testify later.

Mr. MYERS. When you say the establishment of base hospitals, do you mean that you would use the existing facilities and the existing hospitals in civilian areas for that purpose?

Surgeon General PARRAN. In some cases yes, and in other cases a school or some other institution has been earmarked by the local civilian-defense group with the approval of the State and regional medical officers to be used for that purpose. In other words, a structure is earmarked, and perhaps alternate structures are earmarked which can be converted promptly into receiving hospitals for casualties.

Mr. MYERS. I further understood you to say that among your functions are community health and medical services given under the Lanham Act and various housing-authority acts. Would you just briefly give us a little more information in connection with those functions?

Surgeon General PARRAN. In connection with the Lanham Act our sanitary engineers certify as to the needs for water supply and sewerage systems. Our medical officers similarly certify to the Public Health Service the need for hospitals and the number of beds which may be required. We do not have the authority to see that the hospitals are built, because in the first place the grant is made by the President on recommendation of the Federal Works Agency. In the second place, there are various groups in the War Production Board who have been very zealous during many months in curtailing or refusing to give priorities to some projects which we have certified to be seriously needed.

Mr. MYERS. Do you have anything at all to do with the administration of those health and medical services once they are established and set up?

Surgeon General PARRAN. Under the provisions of the Lanham Act no one in the Federal Government has any authority over the pro-

fessional services in the community general hospitals. However, there is a group of hospitals which have been set up and administered by the States, a group of quarantine hospitals for the treatment of acute venereal-disease patients. In connection with those hospitals we do have responsibility for providing medical service.

Mr. TIBBOTT. I would like to ask the Surgeon General if he would explain to us the functions of the Bureau of State Services?

Surgeon General PARRAN. In a word, to administer the provisions of title VI of the Social Security Act and the provisions of the Venereal Disease Control Act and such parts of the industrial hygiene program as involve grants-in-aid to the States; sanitary engineering work in connection with certifying the safety of sources of water supply used on interstate carriers. That is the type of work which now flows out of two or more divisions here, and out of our district offices, and this is an effort to simplify the administration of those several functions.

(At this point there was discussion off the record at the conclusion of which the following occurred:)

Surgeon General PARRAN. I should like to recall the very important act which the chairman sponsored to establish the National Cancer Institute, and to say that the research work that is going on there now represents the best that is being conducted anywhere in the United States, or for that matter in the world. Moreover, in this very short period of time, Mr. Chairman, that institution has attained a position of preeminence among all of the cancer research institutions of the country, so that there has been developed a vast degree of coordination in regard to cancer research. The private institutions of the country look to the National Cancer Institute for leadership.

Mr. MYERS. Did I understand you to say that in Great Britain venereal disease has increased approximately 70 percent since the beginning of the war, and that by comparison there has been no considerable increase in this country?

Surgeon General PARRAN. Yes, sir. Mr. Ernest Brown, Minister of Health of Great Britain, on the 15th of December 1942, in proceedings of the House of Commons, page 1877, stated:

> Now, if service infections, that is, venereal diseases contracted in this country, be included, the estimated rise is 70 percent since 1939, which takes us back to the incidence rates of 1932.

He had previously pointed out that between 1932 and 1939 there had been a steady decline, and continuing, he says:

> The clock has been put back 10 years. The latest information is that the rise is still going on and the clock is being put back still further.

Mr. MYERS. In comparison, I believe you stated that there has been no considerable increase in this country?

Surgeon General PARRAN. That is correct.

Mr. BULWINKLE. What increase has there been, if any, Doctor?

Surgeon General PARRAN. Mr. Chairman, it is a little difficult to speak too definitely on that point because, in the first place there has been subtracted from the population a considerable group of men who are now in the armed forces, and there have been great shifts in population so that it is difficult to get an accurate population base for purposes of comparing rates. Nobody knows how many people there are in one area or another with any degree of accuracy.

As a result of the selective-service examinations a great many cases of venereal disease theretofore undetected are being brought to light and being brought under treatment, and their sources of infection are being brought under treatment. But, as far as we can tell, taking the country as a whole there has been no increase in the rate of infection of syphilis. In the armed forces there was an increase between the peacetime rate of 29 and a fraction per thousand to a rate published last year of 41 or 42 per thousand. I think it was 42 and a fraction per thousand. That was a very considerable increase.

During the past year, however, the rate in the military forces has not gone above that, and for troops in this country it has gone down somewhat. The exact figures are a military secret.

Mr. Bulwinkle. For the information of the committee, what do you mean by 29 and 42, Doctor?

Surgeon General Parran. The lowest rate of venereal disease infection which the Army ever had was in 1939, and that was a rate of 29 and a fraction per thousand strength.

Mr. Bulwinkle. Per thousand strength?

Surgeon General Parran. Yes, sir.

Mr. Bulwinkle. I did not want anybody to get the impression that that was per hundred. Thank you, Doctor.

Surgeon General Parran. Thank you, Mr. Chairman, and gentlemen of the committee.

Mr. Bulwinkle. The next witness is Admiral Waesche, Commandant of the United States Coast Guard.

STATEMENT OF VICE ADMIRAL RUSSELL R. WAESCHE, COMMANDANT, UNITED STATES COAST GUARD, WASHINGTON, D. C.

Admiral Waesche. Mr. Chairman, I am here to recommend a slight amendment to this bill, which I understand has the approval of the Surgeon General of the Public Health Service, and I have cleared it myself with the Navy Department and with the Bureau of the Budget, so that it has the formal approval of the Navy Department and of the Bureau of the Budget.

The suggested amendment is on page 2, in section 2, line 12, after the word "act," insert the following provision:

and the officer assigned as chief medical officer of the United States Coast Guard.

The purpose of that amendment is to increase the rank of the officer who heads the medical department of the Coast Guard. At the present time his rank is that of medical director, which is equivalent to the rank of colonel in the Army. This proposed amendment would make him one of the Assistant Surgeon Generals with the rank of a brigadier general in the Army. That is what we call an "Irish promotion." It gives him no increase in pay at all, but it costs him money to change his uniform.

The reason for the amendment is because of the fact of the great expansion of the Coast Guard and the consequently increased duties and responsibilities on the part of this officer who heads up the medical department of the Coast Guard. The Coast Guard at the present time has an authorized strength of 150,000 enlisted men and

6,000 commissioned officers. We are almost up to that strength now. We have over 140,000 enlisted men, and over 4,000 officers. We are rapidly building up to that strength of 150,000 enlisted men and 6,000 officers, and will need even greater strength. That does not include what we call temporary reserves in the Coast Guard; men who serve without pay or on part-time duty. They number some 25,000 or 30,000. With that increase in the strength of the Coast Guard, naturally the responsibilities upon the officer who heads up this medical department have been increased tremendously.

He has under him some approximately 600 either full-time or part-time officers of the Public Health Service, and, of course, I think it is unnecessary to detail what his duties are as head of the medical department of the Coast Guard. He is responsible for the physical examination of all applicants for enlistment. He is required to superintend the outfitting of new Coast Guard stations and vessels with medical and dental equipment. He has charge of the assignment of full-time medical and dental officers to the Coast Guard and other transfers within the Service, including the recruitment of acting assistant surgeons on a fee basis. He is responsible for the review of decisions on all reports on physical examinations and all boards of medical surveys for officers and enlisted men. He must review the proceedings of all retirement boards concerning the sufficiency of medical evidence. He has charge of the training of hospital corps men and their assignment, and he must pass upon the emergency medical supplies and equipment used by the Coast Guard in connection with all of its work.

I think that is sufficient to show the responsibilities that he has now, compared to those that he had a couple of years ago when the total strength of the Coast Guard was not more than 12,000 to 14,000 officers and men.

Mr. Bulwinkle. Admiral Waesche, I would like to ask you this question for the record: You do not have a medical service in the Coast Guard?

Admiral Waesche. No, sir; we have always depended upon the Public Health Service to furnish our medical and dental service.

Mr. Bulwinkle. Back some years ago I was on the Committee on Veterans' Affairs that gave the Coast Guard the benefits, rights, and privileges of the War Risk Insurance Act. Prior to that time you did not have those benefits. These commissioned medical officers in the Public Health Service are not under the provisions of that act either, are they?

Admiral Waesche. I believe not.

Mr. Bulwinkle. In the event one of these officers is assigned to the Coast Guard, or detailed to the Coast Guard, whatever it might be, and he is killed in action or is disabled for some cause, does he come under the provisions of the law in regard to compensation or retirement benefits?

Admiral Waesche. I am not sure whether he has retirement benefits or not. There are many advantages that the Coast Guard and the Army and Navy officers get that the Public Health Service officers do not. I know, for one thing, they do not get the 6 months' gratuity pay; that is, the wives or widows of the officers in the Public Health Service do not get the 6 months' gratuity pay upon their death, which, unquestionably to my mind is rather inconsistent; at least in those

cases where P. H. S. officers are serving with the Coast Guard. For example, we have medical officers of the Public Health Service assigned to our larger cutters which are on convoy duty in the war zone. They are, of course, taking the same risk as any Coast Guard officers or naval officers. Yet, if they lose their lives in the torpedoing of a vessel, on which they may be serving alongside Coast Guard officers, the dependents of any lost Coast Guard officers will receive certain benefits while the dependents of the P. H. S. officers are not entitled thereto. I say there is a discrepancy there, particularly when they are serving with the Coast Guard in the war zone, as many of them are now doing.

Mr. BULWINKLE. There are a good many discrepancies.

Admiral WAESCHE. I am not sufficiently familiar with the law to enumerate all of those discrepancies, but there are a number of them.

Mr. BULWINKLE. It is my intention to introduce a bill to try to correct that, although it will not come to this committee. I think it will go to the Committee on Veterans' Affairs, where we took care of the Coast Guard.

Mr. MYERS. Is the physical examination for entrance into the Coast Guard the same as that for a boy seeking admission to the Navy?

Admiral WAESCHE. It is practically the same.

Mr. MYERS. It is a higher standard than the Army has had heretofore?

Admiral WAESCHE. For enlistment in the Army; yes.

Mr. MYERS. Let me ask you this, Admiral: Under the new set-up, whereby all volunteer enlistments are prohibited, how does the Coast Guard proceed now to secure new men?

Admiral WAESCHE. That machinery is already set up. Of course, we work through the Bureau of Naval Personnel which works with the Army under the Selective Service Act. A boy wanting to enlist in the Coast Guard goes to the induction center, and certain joint induction stations are being set up by the Army throughout the country for that purpose. He goes there and after getting a clearance from the draft board, presents his paper to the Coast Guard recruiting officer, and thereby is permitted to be inducted in the Coast Guard. In other words, there is an allocation worked out between the Army and the Navy so that out of so many selectees the Navy gets their proportion of them, the Army gets their proportion, and the Marine Corps and the Coast Guard get their proportion.

Mr. MYERS. If the draft board will release a registrant, will he on that release be immediately accepted into the Coast Guard?

Admiral WAESCHE. Yes; but it is done on a quota basis. For example, if in a certain period of time more boys apply for induction into the Coast Guard through the Selective Service than our quota will permit us to take, the first boys applying get the choice, and when that quota is filled the remaining go into the Army or Navy. In other words, a boy gets his choice to join the Coast Guard so long as the quota for the Coast Guard for that particular day or week is not filled.

Mr. BULWINKLE. Are there any further questions? We thank you very much, Admiral. Dr. McCormack.

Dr. McCORMACK. Yes, sir.

STATEMENT OF DR. A. T. McCORMACK, STATE HEALTH COMMISSIONER OF THE STATE OF KENTUCKY

Mr. BULWINKLE. Doctor, will you please give your full name and whom you represent?

Dr. McCORMACK. Dr. A. T. McCormack, State health commissioner of Kentucky, and I am speaking as a representative of the State health authorities of the country.

I consider it a very special privilege to appear before this committee. I have had the privilege before, and I have become aware of its tremendous importance in the operation of our form of democracy. I never come before you without a feeling of intense gratitude for the privilege of knowing something about the operation of the legislative procedure in this democracy of ours, and the amount of time and study that is devoted by these committees to legislative proposals with a view of perfecting our procedure.

Representing a section of the country and a particular group of officials who are very jealous of State authority, and who always view with suspicion any increase or any change in any Federal legislation, it is a particular pleasure to be able to say to your committee that if all of the agencies of Government had the same relationships with the States that the Public Health Service has there would never have been any legitimate objection to what is sometimes designated as bureaucracy, used as a derisive term or in a critical sense.

The Public Health Service has come to use in a purely sympathetic and consultative manner, and unless we neglect our duties in the States to such an extent as to endanger the public health of other States they never exercise the Federal authority. When they have done so they have done it because it ought to have been done. It has been done sometimes in my State, and whenever they did it it was because we had neglected to do something that we ought to have done that would have injured the health of the people of Tennessee or the health of the people of Indiana. Consequently it is a privilege to testify in regard to an agency of our Government that in itself has met the approval of all those who have come in contact with it, and I presume it receives less criticism from those who are acquainted with its activities than any other section of the whole Federal Government.

Your committee has necessarily legislated in the past largely with a view to overcoming a particular emergency or a particular difficulty that has arisen at that particular time, and for that reason the Public Health Service, like the health departments of most of the States, has been built up like our old houses in the South with a cabin in the center and then gradually expanding, building out to the sides, and sometimes we have not had good architectural advice, and our structure is not organized so that it develops economically and efficiently. We have today lots more work than we now can do when we do not have enough servants to do it, and that is particularly important in the agencies of Government. We should develop them so that they can accomplish their duty with the least authority and with the smallest personnel instead of trying to get as much authority and as much personnel as possible, and that seems to me to be the chief purpose of this bill which you have prepared.

I would like to leave with the committee a chart of the organization of the State Health Department of Kentucky that shows its activities. That is just exactly in line with this bill. You see, we have State-wide service and local service. It is not a matter of much importance how much knowledge is in the Public Health Service, the State or National health institute unless there is an agency in each county, a retail store where the people in the county can find public-health knowledge that they can use. In other words, it does not make much difference how much we know about how to protect people from disease if the mothers and fathers of the families in the counties in your districts do not know that so that they can apply it. The idea is to get this developed. The Public Health Service has been a tremendous help in doing that.

I would like to talk to you about the health organization of the country, because it is always a temptation to talk to men who have the authority and the interest that you men have, because I know how busy you are and how important your functions are in connection with interstate commerce and the communications system and the railroad systems and various other things, but it is for us to remember that none of them are of any use except insofar as we have healthy, productive manpower in the country. We have to make provision for the protection of the health and the lives of the people that are going to use all of these facilities, and all of these other things and that are going to run our mines and our farms and are going to populate our cities, and it is that function in which we are particularly interested at this time.

One problem that is presented to the Service and to the country that has not been equitably covered in any existing legislation came to my attention, especially when I came up here the last time to investigate a situation that had occurred with regard to one of the engineers of the Service who happened to have rendered enormous service to the people of Kentucky and to the whole Ohio River Basin.

Mr. Robert W. Kehr, an engineer in the Service, had been stationed at Cincinnati for quite a long time. He was one of the most capable officers I ever knew. He worked all day every day. He really helped us tremendously in the finding not only of the problem presented by the pollution of the Ohio River, which threatened to destroy it as a source of drinking water, but he helped to relieve the pollution economically and effectively, and that was all the way from Pittsburgh down to Cairo, and it was a tremendous job that he did.

He was assigned to the Alaskan Highway when that work started, and he was up there as a sanitary engineer, and the airplane in which he was traveling was lost, and it has never been found, and he disappeared. I knew his wife very well. She was a North Carolinian, by the way, a very lovely woman, and I found to my surprise that that man was the only one in the whole military force connected with the building of that important highway that was not protected in any way because of his employment in the Government. He did not have the benefits of the advantages that the other people who were on his plane had. All of their families were benefited by insurance. All of their families were benefited by all of the other provisions of the perfectly proper provisions of law. He was the only one who was not protected. That seems to me to be unjust, and when I looked into it and inquired about it I found some other incidents that were even quite as striking

as that. Assistant Surgeon Rosenbloom was reported missing September 2, 1942, when a Coast Guard cutter was sunk by enemy action in the North Atlantic. Doctors Black, Dorset, Hawk, and Sarwold have been missing in the Philippines since May 1942. They are either lost or they are prisoners of war.

Now, these officers of the Public Health Service, when they are assigned to the protection of the health of troops in the pestilential areas of the world, in which the war is largely being fought, are on the first line of danger, and it seems to me so definite that they should be protected that I would like to set before the committee, if you would permit me to do so, an amendment, of which I have drawn a rough draft, that would cover that particular section, to be inserted in the bill at the proper place:

"Regular and Reserve commissioned officers of the Public Health Service—

and there I think we should say commissioned officers, including dentists and engineers, when the bill is amended to say "commissioned" officers instead of "medical" officers, as it includes all commissioned officers—

who are detailed for duty with the Army, or who are stationed outside the continental limits of the United States or in Alaska, or who are assigned to duties determined by the Administrator of the Federal Security Agency to be connected with the national defense, shall be entitled to all rights and benefits including insurance, burial and survivors' benefits, compensation, retirement, and uniform allowances, now or hereafter provided by law for officers of the same grade and status of the Medical Corps of the Army. Regular and Reserve commissioned officers of the Public Health Service who are detailed for duty with the Navy, Coast Guard, or War Shipping Administration shall be entitled to the above-mentioned corresponding rights and benefits now or hereafter provided by law for officers of the same grade and status of the Medical Corps of the United States Navy: *Provided*, That this section shall apply in like manner to Regular and Reserve commissioned officers (and their dependents, if any) who were serving outside the continental limits of the United States on December 7, 1941, or who, since December 7, 1941, have been made prisoners of war, or who have been disabled, or who have lost their lives while on active duty, which the Administrator determines to have been connected with the national defense.

There is another section which I request be included, which reads:

SEC. 10. On request of the Secretary of State, regular and reserve commissioned officers of the Public Health Service may be detailed by the Administrator of the Federal Security Agency for duty abroad as public health attachés, and while so serving, they shall be entitled to such additional pay and/or allowances as are now or hereafter provided for officers of corresponding grade of the Army serving as military attachés.

Mr. BULWINKLE. I might say to the committee that Dr. McCormack gave me a copy of this 3 or 4 weeks ago. I have been working on it since with the legislative counsel trying to perfect the amendment so that I can take it up and determine what part goes to this committee and what part goes to the other committee.

Dr. McCORMACK. I am sorry that has to happen because I find your committee so much more constructive and sympathetic than the committees attending to ordinary insurance and pension affairs, because you have no controversy occurring in this committee.

Mr. BULWINKLE. At times we have some controversy in this committee, too.

Dr. McCORMACK. It is always a privilege to come before this committee, and I cannot express too deeply my gratitude to the chairman

and the chairman of the subcommittee and the committee as a whole for the legislation which has led toward the control of venereal diseases, because it seems a rather idle thing to try to correct and eradicate pestilences in other places in the world when in many places in the United States, for example, in the most erudite and the wealthiest county in my own State 20 percent of the selectees have been rejected because they had syphilis; that seems a difficult thing to realize. Suppose that had been cholera or yellow fever, the whole world would have been up in arms trying to correct it and yet these men are more seriously disabled. They would only die of cholera or yellow fever. These men fill our asylums and do all of the other things that the sequelae of syphilis cause, and we are taking steps to correct those things, and now we can do it much more effectively and much more economically and very much more quickly if the bill which is now pending before this committee is enacted into law so that there will be less duplication of effort and so that there will be less bookkeeping, and so that there will be more service rendered to people who need the service. That is the basic reason why this legislation is so important now.

It is important as a war effort. It is essential as a war effort, and its early passage is, I think, one of the most important contributions that can be made to the war effort. But, far and away beyond that is the effect it will have after the war is over, because during the war we will have learned to do quickly and effectively the things that have needed to be done for the last 75 years, and that we have failed to do because we have failed to have an organization that can make the effective and the quick response that the situation so frequently demands, and that can be done from this time on.

Too frequently those of us who represent the prime beneficiaries of public-health legislation are delinquent in reporting to you, who are the authors of such legislation, the benefits which the people of your district have derived from the agencies which you create. For example, we know that approximately one-third of the inmates of the hospitals for mental and nervous diseases in the United States are there because of one disease, syphilis.

You created an agency in 1938 in the Public Health Service for the control of this disease. We have already not only sterilized thousands of those who had the disease so that they will not transmit it to others and to their children, but through our research agencies we have developed a new treatment that is so spectacular and so effective that it would be one of the outstanding pieces of news of this day if it were not obscured by the war. We are now able to take newly developed cases of syphilis into hospitals where they can be treated for 5 days, and in the vast majority of cases at the end of that time they are entirely free from the infection of syphilis.

When you contrast this with the routine treatment now prevalent which requires 18 months to successfully treat a case of spyhilis, you can readily see the tremendous economic difference.

However, this hands us another tremendous social problem. For example, in one county in Kentucky we find that we have 1,200 to 1,500 female prostitutes. This puts prostitution in the realm of big business. This is the largest industry in this county. Suppose we sterilize all of these women, they will soon become infected again if

they continue their trade, and it is therefore important for us to develop these isolation hospitals so that they will be able to give vocational training to such women and transfer them under probation and humane and sympathetic supervision to war or peace industry where they will earn their livelihood on their feet instead of on their backs.

In the field of cancer research there were several hundred people devoting their entire time to research in this important field when the National Cancer Institute was formed. Many of them were duplicating the same studies. None of them were familiar with what the others were doing. The National Cancer Institute is becoming a clearing house where every one of these people may know what every other one has learned, and that has hastened the day when the problem of cancer control will be solved.

In the matters of maternal and child health tremendous progress has been made and we now know exactly what we have to do to throw every modern, scientific safeguard around motherhood and around the rearing and development of babies through childhood.

One problem has still been largely neglected from the Federal standpoint. That is the problem of tuberculosis, and until we have Federal legislation along the lines of title VI of the Social Security Act and the Venereal Disease Act and the act establishing the Cancer Institute, until we have Federal legislation along those lines for tuberculosis we will have overlooked one of the diseases that causes the greatest loss of manpower.

I would like to have you gentlemen in Congress know that in almost every county in your districts agencies have been created through the cooperation of the local, State, and Federal Governments to bring modern, scientific, life-saving knowledge to your people. That is the purpose I know you have in mind, and we propose to see that your purpose is realized.

Mr. Bulwinkle. Thank you very much, Doctor.

Colonel Wile.

STATEMENT OF MEDICAL DIRECTOR UDO J. WILE, UNITED STATES PUBLIC HEALTH SERVICE RESERVE

Colonel Wile. Mr. Chairman and gentlemen, I should like to direct my remarks to a subject which the chairman himself mentioned a few moments ago concerning certain discriminatory rulings which affect adversely the members of the commissioned staff of the Public Health Service, both the Regular and the Reserve officers.

It is probably known to all of you that even before Pearl Harbor every physician in the country was circularized by Executive order of the President and asked to designate whether he was fit or would be willing to enter the armed services, or to State whether in view of disability or absolute civilian needs he would accept certain civilian obligations.

Under this Executive order of procurement and assignment every physician of age and able to pass the physical requirements necessary was given the choice of joining the Army, the Navy, or the Public Health Service, the three uniformed services, the inference being, of course, that these services, differing somewhat in type of service, offered the same emoluments and privileges. A number of men, of

course, chose the Public Health Service largely because in this service, being a considerably smaller organization, it was possible for men to be engaged in certain tasks which were particularly suited to their peculiar qualifications. In the Army and in the Navy it not infrequently happens that a round peg is in a square hole. Men are placed where they are best suited, if possible, but in many cases their particular talents are wasted.

A number of these men who joined the Reserve Corps of the Public Health Service found, shortly after their induction into the service, that they were not entitled to the same considerations that pertained to the Army and the Navy. They were not permitted to take out war-risk insurance. They did not benefit by the Soldiers' and Sailors' Act, which enabled them to concel certain rental obligations, and I may say all of these men who came in under these requirements, under these conditions, left civil life and in many cases lucrative practices in order to do their job for the Government. They found themselves, therefore, without the necessary protection to their families and without being able to cancel the obligations which the Soldiers' and Sailors' Relief Act provided for those who entered the Army or the Navy.

I did not realize this myself when Surgeon General Parran invited me into this service, and it does not in any way cancern me directly, because, having served during the last war, both in the British and in our own service, I already have my war-risk insurance, and such sacrifices as I made were not in any way concerned with the Soldiers' and Sailors' Relief Act.

General Parran has given me the job of field surveys in the venereal disease control activities. Those surveys take us into all parts of the country where there are large concentrations of troops, or large industrial groups in centers of increased population. There was a distinct shortage of officers who were qualified to do this particular kind of work, and it was especially one of my implied tasks to supply, if I could, such officers and in my connection with teaching over a period of 31 years I was enabled to contact a great many men who were thoroughly qualified to take up this work. I wrote to many of these men and received favorable responses from practically all of them. I interviewed some 13 thoroughly qualified men, all of whom would have been a distinct addition to the staff, as well as contributing a very fine group of specialists to this work, and up to date I have not been able to secure a single one of them and the reason given in each case was that they are unable to relinquish their obligations under the existing circumstances unless they have the same opportunities as are offered to those who enter the Army and the Navy. Some of them have already entered these services, and others are hoping that this situation may be changed for them.

That, in brief, gentlemen, is my contribution to this hearing.

Mr. Bulwinkle. Are there any questions?

Mr. Myers. Colonel, it is my understanding that practically all physicians under the age of 45 were requested to volunteer for service with the armed services. Am I correct in that understanding?

Colonel Wile. All physicians of any age were required to sign this questionnaire, which was issued by Executive order and which was called a questionnaire of procurement and assignment. It was understood that except for those who were in essential teaching positions

or except for those who were disqualified physically, every physician should sign his willingness to serve in one of these three groups, the Army, the Navy, or the Public Health Service. Now, it amounted almost to a draft. There were, of course, many exceptions where a community might be left without adequate medical help, where a young man was kept there by the board of procurement and assignment for good and obvious reasons, but while it was not specifically stated, it was practically an obligation of all men who were physically able, and under a certain age, to undertake some form of Government service.

Mr. MYERS. And the age, as I recollect it, was somewhere around 45.

Colonel WILE. I could not be certain about that myself.

Mr. MYERS. Of those who did come in, was the commission given to them usually based upon age?

Colonel WILE. In the beginning, no; it was not. In some instances special qualifications would permit a younger man to a higher grade, but generally speaking you are entirely correct, that the commissions were based upon age and experience.

Mr. MYERS. While, of course, in many instances because of experience and training the age limitation do not apply, generally it was based on age brackets or age groups?

Colonel WILE. That is correct, sir.

Mr. BULWINKLE. Are there any further questions of the Colonel? We thank you very much, Colonel.

Colonel George Baehr.

STATEMENT OF COL. GEORGE BAEHR, CHIEF MEDICAL OFFICER, UNITED STATES OFFICE OF CIVILIAN DEFENSE, MEDICAL DIRECTOR, UNITED STATES PUBLIC HEALTH SERVICE

Colonel BAEHR. Mr. Chairman, I have received the privilege from the Surgeon General of appearing before you and giving my testimony without any reservations or inhibitions, and I can, therefore, speak freely, but I would request that my statements be regarded as my personal opinions, and not those of the Service.

I am a Reserve officer who entered the Service in June of 1941, at the request of the Surgeon General. I was appointed by him with the rank of Medical Director in the Reserve Corps of the Public Health Service, and assigned as chief medical officer to organize the activities of the medical division of the Office of Civilian Defense. The responsibility of the medical division is to organize the local, State, and other medical facilities of the country, in order to provide the best possible protection for the civilian population against the hazards of direct enemy action and sabotage.

The staff of the medical division, which has been assigned by the Surgeon General, consists of regular officers of the Public Health Service and Reserve officers. Altogether the headquarters staff and the regional staffs assigned to each of the service command areas, and the field staff number approximately 70 or 75 medical officers and sanitary engineers.

I should like to speak in support of the proposed amendment introduced by Dr. McCormack. Having served in the last war with

the American Expeditionary Force I can state in comparison that the exposure to danger of many of the officers in my division is far greater than that to which the great majority of the medical officers were exposed during the last war, even when in service with the Army of Occupation overseas.

I happen to be in the fortunate position that Dr. Udo Wile described, in that I have war risk insurance from the last war, and I am able to carry adequate protection in the form of insurance by using my savings, but this is not true of most of the Reserve officers, and in the division which I happen to head the exposure to danger is considerable. Next week one of my officers will proceed abroad for overseas service in order to serve with the British as a medical intelligence officer. He will serve with casualty survey teams in places of the greatest danger. It will be his responsibility to be in places wherever there is danger in order to bring back to us the daily observations made under war conditions in a country under enemy attack so, that we can modify our program and our techniques for the defensive procedures which must be established by us in this country and elsewhere.

Mr. Bulwinkle. I think, without doubt, Colonel, and I believe I am speaking for the other members of the committee, that we will give serious consideration to these matters that you have spoken of. We have certain procedures that we must go through with. In drafting it we want to draft it so that there will be no questions about the benefits each member will get. When the time comes the committee will go into it and take it up.

Colonel Baehr. Thank you, sir. I have only one or two other items which I should like to present for your consideration. They have not been discussed with other officers of the Public Health Service, and there may, therefore, be some reason why they cannot be considered.

Mr. Bulwinkle. All right, sir.

Colonel Baehr. It seems to me that section 3 might possibly be more advantageously worded in the following manner to the benefit of the Public Health Service:

> Officers detailed as Chiefs of Divisions by the Surgeon General shall hold the grade of Medical Director while so detailed.

That is implied in that section, but not stated.

> Such assignments may be made by the Surgeon General from the regular and Reserve Corps and the civil-service employees of the Public Health Service.

I make that statement because if I had, as chief of a division, been functioning within the Public Health Service rather than assigned to function by the Public Health Service with another Federal agency it would have been impossible for me, as a reserve officer, to be designated as a chief of a division. I can readily conceive of the possibility that in grave emergencies and under exceptional circumstances a civil service employee might also temporarily be desirable as chief of a division. In fact at least two scientists on a senior civil service status are now serving as chiefs of divisions in the National Institute of Health. This being at the discretion of the Surgeon General in the case of these two categories of Reserve officers and civil service, the proposed rewording would have no mani-

fest disadvantage. Then the rest of the section might continue to read:

Not more than six such commissioned officers at one time, while so detailed, shall have the temporary grade and receive temporarily the pay and allowances of a medical director.

If the language I have suggested does not accomplish the purpose, some change in the language of the bill as now written seems needed in order to permit the continuation of this policy which has been successfully in effect for many years.

I have one other suggestion to propose, and that is an amendment to section 4. After the concluding sentence of section 4, page 3, line 6, the following sentence might be added:

At all times, however, Reserve officers shall be eligible for any of the several grades, at the discretion of the Surgeon General, without regard to fixed requirements.

My purpose in suggesting this is because I feel it would be an advantage to the Public Health Service if, especially in time of war or other national emergency, it would be possible to advance Reserve officers without waiting for the aging process, but in accordance with merit and qualifications which warranted their advancement to posts of importance, and under such exceptional conditions, to the rank which appropriately would go with that post.

Mr. Bulwinkle. We shall be glad to consider those suggestions. Are there any questions? Thak you, Colonel.

Dr. Mead.

STATEMENT OF DR. STERLING V. MEAD, CHAIRMAN OF THE LEGISLATIVE COMMITTEE OF THE AMERICAN DENTAL ASSOCIATION, WASHINGTON, D. C.

Dr. Mead. Mr. Chairman, and members of the committee, I am chairman of the legislative committee of the American Dental Association, and by authority of the board of trustees, representing some 70,000 dentists throughout the United States, I am authorized to appear here in support of this bill. To augment this program I ask that certain changes be made in the bill to make for more efficiency in the dental service. The 70,000 dentists in the United States for the care of 138,000,000 people are looking to the dental service of the United States Public Health Service for leadership in arranging for the care of people. This is not just an emergency for public health now, but anyone who realizes the changes that are taking place and will read the writing on the wall will know that there are many changes taking place, and that now is the time to plan for the future and not just for the present. So, therefore, we are interested in obtaining for dentistry some of the things that will help bring about more efficiency in bringing about changes for the benefit of the public.

It is very common knowledge that the mouth is the seat of more diseases than any other part of the body, and that many systemic disturbances are caused by mouth diseases.

This has been verified by surveys made by the United States Public Health Service and the American Dental Association.

This fact has also been verified by the physical findings of the men selected for military service.

In the drafting of men for the military service it was found that in the examination of the first 2,000,000 men, 1,000,000 of those men were disqualified because of physical defects, and of that 50 percent of the men that were found physically unfit in the original findings, 20 percent of those were found unfit because of dental defects. The next highest cause of rejection was the eyes and rejections on account of eye defects were 13.7 percent. The next was the heart, so that there is no question that dental considerations insofar as health is concerned are of paramount importance.

For years, the American Dental Association has studied ways and means of improving the dental health of the American people. The council on dental health of the American Dental Association has, as its major responsibility, the development of plans and programs that will provide the public with more adequate dental care.

The American Dental Association feels that, considering the magnitude of the problem, the United States Public Health Service has not adequately supported programs for the provision of dental care for the public, nor has it taken the leadership in the field of dental health as it properly has in other fields of health service. It is the feeling of the American Dental Association that this condition exists, not through lack of interest on the part of the United States Public Health Service, but rather because of the limitations imposed upon the planning and execution of dental programs by medical officers, whose medical training and experience does not provide them with the technical and practical knowledge demanded in this special field. This is evidenced by the fact that in its reorganization plan for the reorganization and functions of the United States Public Health Service, it has failed to make adequate provisions for a suitable administrative unit in the United States Public Health Service, which is absolutely essential for the development of a national dental health program.

Prof. E. A. Hooton of Harvard University has stated:

> If dentistry is to survive as a health service there must of necessity be a change of emphasis, a revision of principles and objectives all along the line. The dental profession has been for too long a time a neglected and orphaned child of medicine. While millions have been lavished upon medical schools and hospitals and upon medical research, almost nothing has been allotted for these purposes to dentistry.

The American Dental Association, therefore, has recognized for a long time that we are not providing the leadership that we would like for dentistry in the Public Health Service.

The Congress in 1917 showed its attitude toward the ratio of dentists to medical men in the service when in bill 4897 it stated:

> Hereafter the Dental Corps of the Army shall consist of commissioned officers of the same grade and proportionately distributed among such grades as are now or may be hereafter provided by law for the Medical Corps, who shall have the rank, pay, promotion, and allowances of officers of corresponding grades in the Medical Corps, including the right to retirement as in the case of other officers, and there shall be one dental officer for every thousand of the total strength of the Regular Army authorized from time to time by law: *Provided further*, That dental examining and review boards shall consist of one officer of the Medical Corps and two officers of the Dental Corps: *Provided further*, That immediately following the approval of this Act all dental surgeons then in active service shall be recommissioned in the Dental Corps in the grades herein authorized in the order of their seniority and without loss of pay or allowances or of relative rank in the Army: *And provided further*, That no

dental surgeon shall be recommissioned who has not been confirmed by the Senate.

This same ratio in all of the services, in the Army and the Navy, has prevailed since that time, of about four medical officers to one dental officer, but the rank has not prevailed, and that will be taken care of and is being taken care of. In fact, the American Dental Association has just been successful in getting legislation providing a rear admiral for dentistry, who is on an equal basis with a rear admiral for medicine in the Naval Dental Corps. We have now a brigadier general in the Army. There is a major general in medicine, but medicine now has about 40,000 men in the Army, and dentistry has about 10,000, the ratio of about 4 to 1, but there are 29 brigadier generals in medicine, and there is 1 brigadier general in dentistry. This same ratio goes on down through the line for the different commissioned officers. So there is need in all services for a more direct line of approach so that these matters can be equalized.

In the Public Health Service our criticism is that there is no head of dentistry now. They have three separate divisions that are interested in three different phases of work. Each of these services in their own field is doing splendid work, but there is no head of the Dental Service, and there is no one to head the long range program, and there is no one to map out the programs or assist in obtaining appropriations and, naturally, until this work is correlated under one man in a responsible position, dentistry will not attain its maximum opportunities.

In this reorganization plan it is provided that they have, of course, a major general and an assistant surgeon general who shall be a brigadier general, no doubt, but there are 4 brigadier generals in the bureaus, and there will be at least 6 medical officers who will be colonels. Now, as a matter of policy, it is suggested that a dental officer might head a division with the rank of colonel, and this would be on the ratio of at least 12 to 1 for medical officers as against dental officers, in the lowest grade for the dental officer. Authority flows from rank and, unless we have a responsible position and a man who can correlate these activities, you will never get out of dentistry in the Public Health Service what the public needs.

Now, this balance is very important. Take, for instance, research. We consider research very important in dentistry as well as in other fields. There is no disease more prevalent that carries and pyorrhea; and, even in cancer, 20 percent of the cancers occur in the mouth. Your director of the Public Health Service will even support that. From 13 to 20 percent of them are found in different localities. Less than 3 percent of the money that is allotted to the Public Health Service has gone for research in dentistry. That seems to be a very small proportion for dentistry. Your committee last year had under consideration a bill for dental research, and it was needed very badly. It was passed by the Senate, and came before this committee and was passed by the subcommittee. It went to the whole committee and I think there was a feeling that it was not necessary to pass the bill because of the provision existing for obtaining these funds for the United States Public Health Service, and that we could get what we asked for from that fund. But they had other problems they were

interested in, and the bill was allowed to die. That is why I think we need a Dental Service because the Dental Service will be interested in dentistry.

There is a great loss of time and great duplication of effort in not having a separate bureau for dentistry, because the Dental Service is supervised by a medical officer, and a dentist who knows his supplies, for instance, is dependent upon the wishes of the one who is superior to him in rank. Let us consider what happened because of this lack of adequate planning in the Army. When we had around 488 dental officers in the Army before the war, and about 4 times that many medical officers, it was a comparatively small unit, and those defects did not stand out as clearly as now, but when we came into the war we had 40,000 medical officers and 10,000 dentists, then the question of supplies became acute. The furnishing of all of the supplies had to be supervised by the medical officer, and we had a breaking down of the system, and today there are many dentists in many camps that do not have any equipment with which to work and many of them are idle because of lack of dental supplies. There are also many other disadvantages to a system of that kind. To cite to you one or two very glaring ones, a dental officer in one case was out of chromic acid which is used for the treatment of Vincent's angina or trench mouth, which is a very prevalent disease, and it is more effectively treated by chromic acid and peroxide than anything else. The medical officer told him he felt it was not needed, because the thing to do was to use Fowler's solution for that purpose. That put the dental officer in a very bad position because he knew what supplies he wanted and needed, but he could not go over the medical officer's head and ask for anything of that kind, so that the patient was the one who suffered because he did not get adequate treatment and did not get the treatment that would most easily and effectively remedy his condition. In another case a dentist had asked for some synthetic porcelain and he was told that that was not needed, that some other material should be used, regardless of what it contained or its effect on the patient. The point I am trying to bring out is that a dentist is in a position to know the kind of supplies he needs and can use most efficiently in his dental service more than anyone else. Dentistry can work well associated with medicine and be a part of the medical program, but there should be a more direct approach from the Dental Division to the head of the Public Health Service and of the Army and the Navy in order to insure this proper planning and correlationship of effort.

A bureau of medicine should include those functions for which the physician is specially trained to perform, such as hospitals, venereal diseases, industrial hygiene, and so forth.

A bureau of dentistry should include those functions which the dentist is specially trained to perform, such as corrective services, hospitals, research, industrial dental hygiene, and so forth.

If dentistry is made a division under the Bureau of Medicine in the organization plan of the United States Public Health Service, the functions of dentistry are subordinated to the administration of medicine which is contrary to the general scheme of medical and dental education and their services under normal civilian conditions. It must be borne in mind that dentistry is a separately organized profession—71,000 dentists licensed as such in the United States—with

special laws governing its practice—48 States and the District of Columbia—an independent system of education—39 dental schools in the United States—a separate professional organization, the American Dental Association—membership, 58,000—and special literature—over 100 current periodicals. This vast social function cannot be administered effectively by artificially arranging it as a division of conventional medicine. The profession of medicine is not familiar with dental problems and is not, because of dentistry's special character and purposes, competent to accept the authority and responsibility for an over-all public dental health program.

Mr. BULWINKLE. Doctor, we have just a few more minutes, and we have another witness to be heard.

Dr. MEAD. I just want to ask that this bill be amended on page 1, line 5, that instead of two bureaus, it be made three bureaus, and I would like to add an amendment to line 7 after the word "services" and add, "and the Bureau of Dental Services." On page 2, line 3, I would like to insert the words, "three bureaus," instead of two bureaus. You have made the change in section 3 on line 17 to "commissioned officers" instead of "medical officers." On line 12, page 2, the words were "medical officers" and I think they were changed to "commissioned officers," but I was not sure of that. I would like also to present this memorandum from the Council on Dental Health of the American Dental Association.

(The memorandum is as follows:)

A STATEMENT BY THE AMERICAN DENTAL ASSOCIATION, COUNCIL ON DENTAL HEALTH, SUPPORTING THE RECOMMENDATION OF THE AMERICAN DENTAL ASSOCIATION HOUSE OF DELEGATES TO CREATE A SEPARATE DIVISION FOR DENTISTRY IN THE UNITED STATES PUBLIC HEALTH SERVICE

It is common knowledge that dental disease is the most prevalent disease of mankind. This has been verified by surveys of large population groups, most of which have been made by the United States Public Health Service and the American Dental Association. This fact has also been verified by the physical findings of the men selected for military service. In October 1941, President Roosevelt[1] released statistics collected by Selective Service Headquarters showing that approximately 1,000,000, or 50 percent, of the first 2,000,000 selectees examined for World War II were disqualified for Army service because of physical, mental, or educational conditions. Of the 900,000 men disqualified because of physical conditions, the Selective Service report itemized as the first three causes for rejection:

Dental defects, 188,000 cases, 20.9 percent.

Defective eyes, 123,000 cases, 13.7 percent.

Cardio-vascular diseases, 96,000 cases, 10.6 percent.

Dental disease topped the list of disqualifying diseases.

For years the American Dental Association has studied ways and means of improving the dental health of the American people. The Council on Dental Health of the American Dental Association has, as its major responsibility, the development of plans and programs that will provide the public with more adequate dental care.

The American Dental Association feels that, considering the magnitude of the problem, the United States Public Health Service has not adequately supported programs for the provision of dental care for the public, nor has it taken the leadership in the field of dental health as it properly has in other fields of health service. It is the feeling of the American Dental Association that this condition exists not through lack of interest on the part of the United States Public Health Service but rather because of the limitations imposed upon the planning and execution of dental programs by medical officers, whose medical training and

[1] National Health Program Committee, Plans for Rehabilitation of Rejected Draftees. J. A. D. A., November 1941, pp. 1884–1885.

experience does not provide them with the technical and practical knowledge demanded in this special field. This is evidenced by the fact that in its reorganization plan (a bill, H. R. 7616, for the reorganization and functions of the United States Public Health Service) it has failed to make adequate provision for a suitable administrative unit in the United States Public Health Service, which is absolutely essential for the development of a national dental health program.

Paul V. McNutt, Federal Security Administrator,[2] in his 1941 Child Health Day address, stated: "A boy with a toothache has traditionally been merely a comic figure. But surely he has ceased to be a butt for jokes. Dental disease is no laughing matter; it is no matter for apathy or ignorance."

Prof. E. A. Hooton,[3] of Harvard University, has stated: "If dentistry is to survive as a health service, there must of necessity be a change of emphasis, a revision of principles and objectives all along the line * * *. The dental profession has been for too long a time a neglected and orphaned child of medicine. While millions have been lavished upon medical schools and hospitals and upon medical research, almost nothing has been allotted for these purposes to dentistry."

Thomas Parran, M. D., Surgeon General of the United States Public Health Service[4] stated, in an address delivered before the American Dental Association in 1937, that, "in every State health department there should be a dental division and this division should be charged with the responsibility of the development of this program."

For many years the United States Public Health Service has taken the initiative in recommending the establishment of separate divisions or bureaus of dentistry directed by a dentist, in the State departments of health. To date, the majority of the States have such separate dental divisions or bureaus, each functioning under the direction of a dentist. Furthermore, for several years the United States Public Health Service has provided funds for the education of dentists who held administrative positions in these State health departments. These dentists have received their education in accredited schools of public health. Their training has been identical with that of medical health officers who assume similar administrative duties in their particular field. Also, for many years the United States Public Health Service has provided funds to the various State health departments for the development of State dental health programs.

Notwithstanding the fact that the United States Public Health Service has recommended the creation of separate bureaus or divisions of dentistry in the State health departments, it has neglected to make similar provision in its own reorganization bill (H. R. 7616) for the creation of a separate division or bureau to administer a dental health program on a national scale.

For years the American Dental Association has recognized the fact that the dental program in the United States Public Health Service has been inadequate. At the annual session of the American Dental Association in October 1941, the house of delegates of the American Dental Association adopted the following recommendation:[5]

"In the course of its work with Federal agencies, the national health program committee has repeatedly been confronted with the inadequacy of the dental program of the United States Public Health Service. The national health program committee believes that the creation of a separate division for dentistry in the United States Public Health Service, with a dentist of the rank of Assistant Surgeon General at its head, would provide leadership in this department of Government for the improvement of the dental health of the Nation."

Following the approval of this recommendation, the officers of the American Dental Association conferred with the Surgeon General of the United States Public Health Service, at which time the Surgeon General intimated that he would look with favor on the creation in the United States Public Health Service of a dental division or bureau headed by an Assistant Surgeon General who shall be a dentist. Furthermore, the Surgeon General stated that legislation was being prepared at that time to reorganize the United States Public Health Service

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[2] McNutt, Paul V., Federal Security Administrator, address at Child Health Day dinner, Mayflower Hotel, Washington, D. C., May 1, 1941.

[3] Hooton, E. A.: Apes, Men, and Truth, Scientific Monthly, January 1934, XXXVIII, 24–34.

[4] Parran, Thomas, M. D., Surgeon General, U. S. Public Health Service. Next Steps in Public Health, J. A. D. A. and Dental Cosmos, vol. 24, November 1937, pp. 1778–1783.

[5] Report of Board of Trustees to House of Delegates, American Dental Association Transactions of the Eighty-third Annual Session, October 27–31, 1941, p. 339.

and advised the American Dental Association officials that the proposal of the American Dental Association to establish a bureau of dentistry in the United States Public Health Service could quite properly be a part of that legislation.

The Congress has seen fit to pass a bill creating the position of Chief of Dental Service in the United States Army with the title of brigadier general, who serves under the immediate supervision of the Surgeon General of the Army.

The American Dental Association is firmly of the opinion that in the interest of the public's health, a similar position is needed in the United States Public Health Service. Therefore, in the interests of the health and welfare of the American people, the American Dental Association urgently requests that the present bill providing for the reorganization of the United States Public Health Service be amended to provide for a bureau of dental services administered by a commissioned dental officer detailed by the Surgeon General from the Regular corps and while so detailed shall be an Assistant Surgeon General and shall have the same grade and shall receive the same pay and allowances as the assistant to the Surgeon General.

COUNCIL ON DENTAL HEALTH,
EMORY W. MORRIS, *Chairman.*

Mr. BULWINKLE. All right, thank you very much, Doctor.
Mr. Hale.

STATEMENT OF HAL HALE, ASSISTANT TO THE SECRETARY, AMERICAN SOCIETY OF CIVIL ENGINEERS

Mr. HALE. Mr. Chairman and gentlemen of the committee, my name is Hal Hale. I am assistant to the secretary of the American Society of Civil Engineers. This is a professional engineering society now in its ninety-first year. We have 18,500 members, of whom some 3,000 are now in the armed services.

Mr. BULWINKLE. In order to expedite it, let me ask you if you have a written report?

Mr. HALE. Yes, sir.

Mr. BULWINKLE. Will you want to file that?

Mr. HALE. Yes, sir; I would be very glad to.

(The letters submitted by Mr. Hale are as follows:)

AMERICAN SOCIETY OF CIVIL ENGINEERS,
New York, February 4, 1943.

Hon. CLARENCE F. LEA,
Chairman, House Interstate and Foreign Commerce Committee,
Washington, D. C.

DEAR CONGRESSMAN LEA: The American Society of Civil Engineers calls to the attention of the Committee of Interstate and Foreign Commerce certain phrasing in H. R. 649, a bill for the organization and functions of the Public Health Service, and respectfully request that changes, which we recommend, shall be made therein. The proposed legislation has been discussed with high officials of the Public Health Service and they have indicated concurrence in the changes which we propose.

The bill, as now worded, prohibits the appointment of qualified sanitary engineers in the Public Health Service to administrative and executive positions in that Service. Sanitary engineers have a long and outstanding record of accomplishment with the Public Health Service. Certainly the Congress would not intentionally discriminate against them in such a manner.

Our society suggests that the following changes be made to eliminate such possible discrimination:

Page 2, line 12, omit the word "medical", making the line read "of this act shall be commissioned officers detailed by".

Page 2, line 17, section 3, that the word "medical" be deleted and that the word "commissioned" be substituted, making the line read, "Sec. 3. Commissioned officers below the grade of medical".

Our society feels that such changes have the additional merit of giving to the Surgeon General discretionary authority in appointing to administrative and

executive positions those outstanding sanitary engineers in the Public Health Service whose experience and records justify their holding of such positions.

Respectfully submitted.

American Society of Civil Engineers,
Hal Hale,
Assistant to the Secretary.

American Society of Civil Engineers,
New York, February 4, 1943.

Hon. Clarence F. Lea, MC.,
Chairman, House Interstate and Foreign Commerce Committee,
Washington, D. C.

Dear Congressman Lea: While it may not be pertinent to the present bill, it is certainly appropriate that consideration should be given to a situation now obtaining in the United States Public Health Service.

The American Society of Civil Engineers respectfully requests that either as an amendment to H. R. 649 or by separate legislation, as may be considered judicious, that provision be made to provide for the officers of Public Health Service assigned to hazardous war duties the same or comparable protection as is now provided for the officers and men of our armed forces.

It is our understanding that a young engineer officer, assigned to hazardous duties in the prosecution of the war, was recently killed in an accident while performing those duties. It is also our understanding that legislation does not now provide any method whereby the survivors of this young engineer may receive compensation of consideration. There are other instances in the present war where officers of the Public Health Service have been lost or their present whereabouts are unknown.

It is our frank opinion that such men and their families should be given the same consideration as that accorded other members of the armed forces.

Respectfully submitted.

American Society of Civil Engineers,
Hal Hale,
Assistant to the Secretary.

Mr. Bulwinkle. How do you want this bill amended, if you do want it amended?

Mr. Hale. We have a feeling that two words should be changed. You have already covered one of those, that is, in line 17 on page 2, where you substitute the words "commissioned officers" for "medical officers." We suggest another deletion in line 12 on page 2. Where the term "commissioned medical officers" is now used, we suggest that that be changed to "commissioned officers." That is on line 12, page 2. Those are the only two changes we have to suggest.

Our society endorses the bill, and I have also submitted a letter dealing with the situation that you discussed thoroughly awhile ago about some provision for loss of life of these officers of the Public Health Service.

COMMUNICATIONS

Mr. Bulwinkle. Now, I want to file with the clerk and give to the reporter a copy of the letter from the Administrator of the Federal Security Agency, which should go into the record at the beginning of the hearing, also Dr. Parrin's statement on appropriations, and then I wish to file a letter from Dr. Oren A. Oliver, of Nashville, Tenn., who has written about the bill, and also a letter from Dr. H. G. Baity, professor of sanitary engineering of the University of North Carolina, and also a letter from Mr. Edward Larson, executive secretary of the National Society of Professional Engineers.

(The letters from Dr. Oliver, Dr. Baity, and Mr. Larson are as follows:)

NASHVILLE, TENN., *February 2, 1943.*

Representative ALFRED L. BULWINKLE,
The House of Representatives, Washington, D. C.

DEAR REPRESENTATIVE BULWINKLE: I am writing you today in regard to hearings on bill, H. R. 649, which will begin before the Committee on Interstate and Foreign Commerce in the House of Representatives on Friday, February 5. This bill which you introduced for the organization and functions of the Public Health Service I understand has no provision for setting up a dental bureau.

Since dentistry is the second largest health organization, and as the members of the American Dental Association are very much interested in the health of the Nation, I am asking that you not only give careful consideration to this bill but also to the facts that will be presented at the hearing by Dr. Sterling Mead, chairman of legislation of the American Dental Association.

As immediate past president of the American Dental Association I have given this matter careful consideration. During my year as president, the American Dental Association recommended that we felt we should have a dentist in the Public Health Service, with the rank of assistant surgeon general, whose duties would be to supervise the dental health activities of the Public Health Service.

I trust you will see your way clear to support the above recommendation. I am sure if such an amendment can be added to this bill it will be appreciated very much by the dental profession and that they will do everything within their power to meet to the best of their ability the demands of our profession from a health standpoint.

With best wishes, I am
Yours sincerely,

OREN A. OLIVER.

THE UNIVERSITY OF NORTH CAROLINA,
Chapel Hill, January 22, 1943.

Hon. A. L. BULWINKLE,
U. S. House of Representatives,
House Office Building, Washington, D. C.

MY DEAR MR. BULWINKLE: All of us in the field of public health have been greatly interested in bill H. R. 7616, designed to reorganize the U. S. Public Health Service, which you introduced on September 29, 1942. It is my understanding that this bill did not come to hearing in the last session of Congress, and that it may be reintroduced in the present session.

In general, I consider this bill progressive and regard it with favor. However, it is noted that in sections 2 and 3 all persons except doctors of medicine are excluded from eligibility for the headship of divisions, bureaus, and the National Institute of Health. Since modern public health organizations include many professional groups other than doctors of medicine who are equally well qualified for executive, administrative and scientific positions, I think it would be fair and in the interest of the public health cause to permit freedom of action on the part of the Surgeon General to select the men best qualified to head the bureaus and divisions regardless of the professions to which they belong.

I, therefore, wish to suggest that the word "medical" be eliminated from line 12 of selection 2 and from line 17 of section 3 when the bill is reintroduced.

Cordially yours,

H. G. BAITY,
Professor of Sanitary Engineering

NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS,
Washington, D. C., February 5, 1943.

COMMITTEE ON INTERSTATE AND FOREIGN
COMMERCE OF THE HOUSE OF REPRESENTATIVES,
The United States Congress, Washington, D. C.

GENTLEMEN: The Public Health Service performs a number of functions which for effective and proper operation must be carried out by professional engineers:

specializing in the field of sanitation, water supply, sewage disposal and allied activities. H. R. 649, a bill for the organization and functions of the Public Health Service as now written, could well have the effect of precluding the carrying out of the stated purpose of the bill "for the efficiency of the Service."

We, therefore, urge the following changes in the bill be made:

Section 2, line 12: That "commissioned medical officers" be changed to read "commissioned officers".

Section 3, line 17: That "medical officers" be changed to "commissioned officers".

Section 4, line 6: That "commissioned medical officers" be changed to read "commissioned officers".

Section 7, line 3: That "to the grade of Assistant Surgeon" be deleted.

By making these changes, the Surgeon General of the Public Health Service can detail properly qualified engineers who are commissioned in the Public Health Service to head such bureaus, divisions, sections, or other units as they are best qualified to head, and will not require that the Surgeon General at any time misconstrue the proper meaning of the term "medical" or "surgeon".

Respectfully submitted.

National Society of Professional Engineers,
Edward Larson, *Executive Secretary.*

Mr. Bulwinkle. I want to state to you gentlemen that we will have tot leave these hearings open because on this other matter the committee will have to have some hearings, on the retirement pay and disability compensation. The hearings are not closed. The commiteee stands adjourned, subject to the call of the Chair.

(Thereupon, at 12 noon, the subcommittee adjourned, subject to the call of the Chair.)

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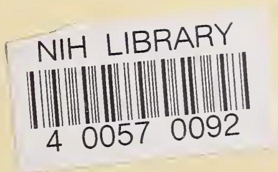

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